

PRODUCER OF WASTE (Must be filled by producer)			
Name <small>(PRINT OR TYPE)</small> <u>ALUMINUM CO OF AMERICA</u>		<div><div></div><div></div><div></div><div></div></div> CODE NO.	
Pick up Address: <u>5151 ALCOA AVE</u> <u>VERNON</u>		<div><div></div><div></div><div></div><div></div></div> CODE NO.	
Telephone Number: <u>205 588 6141</u>	P.O. or Contract No.: <u>AA 397333</u>		
Order Placed By: <u>J HERON</u>	Date: <u>6-7-80</u>		
Type of Process which Produced Wastes: <u>ALUMINUM FABRICATOR</u>		<div><div></div><div></div><div></div><div></div></div> CODE NO.	
Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining			
DESCRIPTION OF WASTE (Must be filled by producer)			
Check type of wastes:			
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand	
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste	
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste	
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water	
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine	
<input checked="" type="checkbox"/> Other (Specify) <u>ALUMINUM OXIDES & WATER</u>		<div><div></div><div></div><div></div><div></div></div> CODE NO.	
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)			
	Upper	Concentration: Lower	% ppm
1.			
2.			
3.			
4.			
5.			
6.			
Hazardous Properties of Waste:			
pH <u>7-9</u>	<input checked="" type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable
		<input type="checkbox"/> corrosive	<input type="checkbox"/> explosive
Bulk Volume: <u>QTY</u>	<input type="checkbox"/> gal	<input type="checkbox"/> tons	<input checked="" type="checkbox"/> barrels (42 gal.)
			<input type="checkbox"/> other (SPECIFY)
Containers: <u>TANK</u>	<input type="checkbox"/> drums	<input type="checkbox"/> cartons	<input type="checkbox"/> bags
			<input checked="" type="checkbox"/> other (SPECIFY)
Physical State:	<input type="checkbox"/> solid	<input checked="" type="checkbox"/> liquid	<input checked="" type="checkbox"/> sludge
			<input type="checkbox"/> other (SPECIFY)
Special Handling Instructions (if any): <u>NONE</u>			
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)			
I certify (or declare) under penalty of perjury that the foregoing is true and correct.			
Signature: <u>Thomas O'Fore</u> <u>Shift</u>			
SIGNATURE OF AUTHORIZED AGENT AND TITLE			

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

999000808

CODE NO.

Pick Up: 6-7-80

(DATE)

15

Time: 11am

11pm

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: No. of Loads or Trips: Unit No. 3

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Industries

Site Address: Monterey Park

CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well CODE NO.

☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 6-7-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

D.O.T. Proper Shipping Name

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